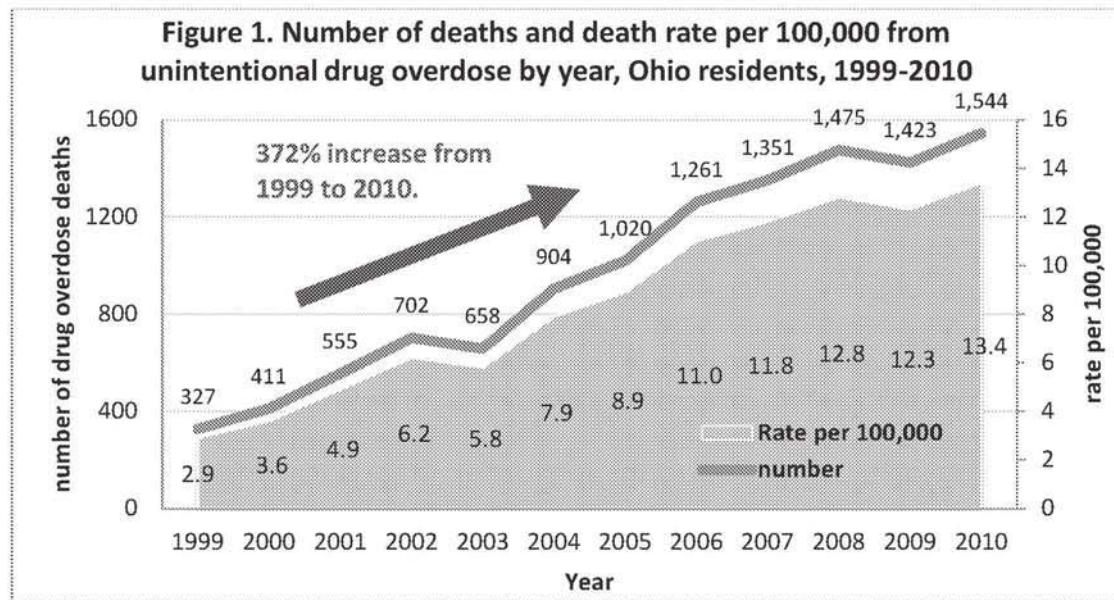


Exhibit 121



2010 OHIO DRUG OVERDOSE DATA: GENERAL FINDINGS¹

- Drug overdose deaths continue to be a public health crisis in Ohio with a 372 percent increase from 1999 to 2010. (*See Figure 1.*)
- Unintentional drug overdoses caused **1,544** deaths to Ohio residents in 2010. **This is the highest number of deaths on record for drug overdose** and surpasses the previous highest number (1,475) in 2008 by 5 percent
- This is equivalent to 4 Ohioans dying every day or one Ohioan dying every 6 hours.
- Unintentional drug overdose continues to be the leading cause of injury-related death in Ohio, ahead of motor vehicle traffic crashes, suicide and falls. This trend began in 2007 and continues through 2010.
- Prescription drugs are involved in most of the unintentional drug overdoses and have largely driven the rise in deaths. **Pain medications (opioids) and multiple drug use are the largest contributors to the epidemic.** (*see Figure 2.*)



¹Source: Ohio Department of Health; Center for Public Health Statistics and Informatics

The Ohio Department of Health and other partners are responding to the crisis through coordinated efforts. A description of ODH's efforts can be found on page 4.

Additional data, resources and background information are available at:
<http://www.healthyohioprogram.org/vipp/drug/dpoison.aspx>

¹Source: Ohio Department of Health, Office of Vital Statistics,
Center for Public Health Statistics and Informatics

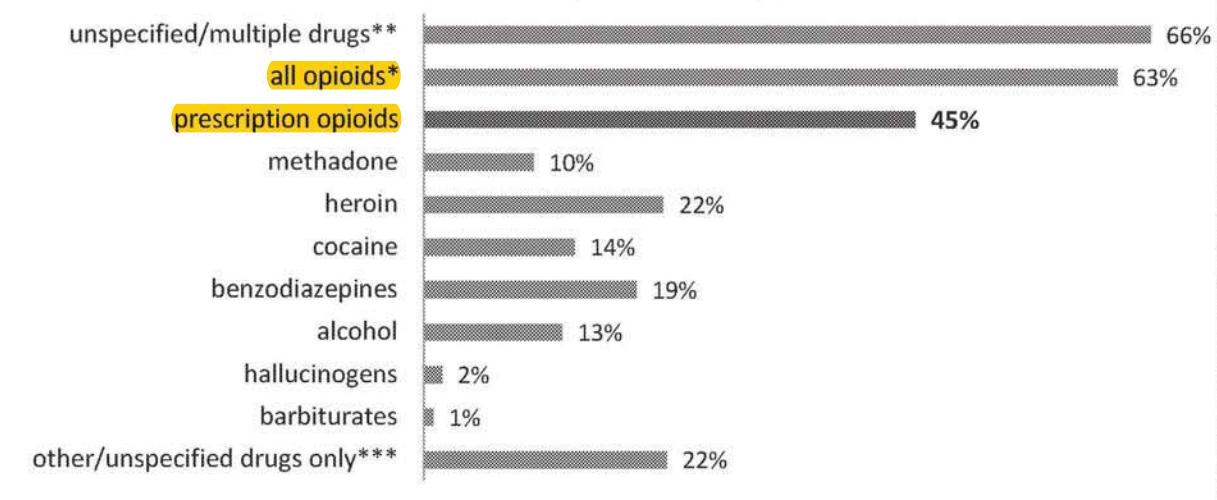


2010 OHIO DRUG OVERDOSE DATA: SPECIFIC DRUG INVOLVEMENT:

- Prescription opioids (pain medications) are associated with more fatal overdoses than any other prescription or illegal drug including cocaine and heroin combined. Nearly half (45 percent*) of fatal unintentional overdoses involved prescription opioids in Ohio in 2010, compared to 39 percent in 2009 (see Figure 2).
 - More than one-fourth (431; 28 percent*) of the overdoses involved commonly-prescribed opioids such as oxycodone, hydrocodone and morphine (data not shown).
 - Ten percent* of the overdoses involved methadone (prescription opioid) (see Table 1).
- Approximately two-thirds (979; 63 percent*) of the drug overdoses involved any opioid (prescription or heroin) in 2010, compared to 55 percent (783) in 2009.
- Heroin-involved deaths have continued to increase from 16 percent (233) in 2008 to 20 percent (283) in 2009 to a high of 22 percent* of all drug overdoses (338) in 2010.
- Deaths involving benzodiazepines have also increased from 212* (15 percent) in 2009 to 300 (19 percent*) in 2010.
- Multiple drug use is a major contributing factor to the overdose epidemic. In 2010, two-thirds (66 percent*) of drug overdoses involved multiple substances.

*In approximately one-fourth (22 percent) of the cases, no specific drug is identified in the death certificate data. As such, we assume that the reported drugs are likely under-estimates of their true contribution to the burden of fatal drug overdose in Ohio.

Figure 2. Proportion of drug overdoses among Ohio residents involving selected drugs, 2010^{1,2}



¹ Source: Ohio Department of Health; Center for Public Health Statistics and Informatics

² Multiple substances are usually involved in overdose deaths.

*Includes involvement of prescription opioids and/or heroin

**at least two substances were involved

***no specific drug was identified

2010 OHIO DRUG OVERDOSE DATA: SPECIFIC DRUG INVOLVEMENT:

Table 1. Unintentional drug poisoning deaths of Ohio residents by specific drug(s) as mentioned on the death certificate and by year, 2000-2010^{1,2,3}

Drug Category ⁴	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	Total	% of all 2010 overdose deaths
Unspecified/multiple drugs**	282	391	553	428	643	725	901	1,015	1,098	1,012	1,026	8,074	66%
all opioids*	198	266	344	296	429	489	551	631	735	783	979	5,701	63%
prescription opioids	138	199	257	221	319	388	462	508	546	550	694	4,282	45%
methadone	14	30	47	55	116	144	161	176	170	169	155	1,237	10%
heroin	71	81	108	87	124	131	117	146	233	283	338	1,719	22%
cocaine	102	112	154	140	221	223	317	287	252	220	213	2,241	14%
benzodiazepines	46	63	79	38	69	90	121	133	154	211	300	1,304	19%
alcohol	49	50	43	40	38	58	89	135	181	173	195	1,051	13%
hallucinogens	1	1	7	7	8	8	10	13	14	9	26	104	2%
barbiturates	1	7	6	5	3	5	3	7	3	5	13	58	1%
other/unspecified drugs only***	96	139	186	154	256	289	378	453	475	396	343	3,165	22%
Number of Fatal Drug Poisonings	411	555	702	658	904	1,020	1,261	1,351	1,475	1,423	1,544	11,304	
Annual death rate per 100,000	3.8	4.9	6.2	5.8	7.9	8.9	11.0	11.8	12.8	12.3	13.4		

1 Source: ODH, Center for Public Health Statistics & Informatics in partnership with the Violence and Injury Prevention Program

2 Total includes out of state deaths of Ohio residents for all years

3 Individual drugs do not add up to totals as more than 1 drug may be coded on the death certificate for 1 death.

4 Data completeness varies from year to year for residents who died out of state.

* Includes prescription opioids and heroin

**Includes all instances where 'T50.9' (other/unspecified) is included as contributing to death

***Includes only those instances where no other drug than T50.9 (other/unspecified) is included as contributing to death

National Data: (Source: CDC)

- According to the Centers for Disease Control and Prevention (CDC) prescription painkiller overdoses (opioids including hydrocodone, oxycodone, methadone, morphine, etc.) killed nearly 15,000 people in the U.S. in 2008. This is more than three times the 4,000 people killed by these drugs in 1999.
- The quantity of prescription painkillers sold to pharmacies, hospitals, and doctors' offices was four times larger in 2010 than in 1999.
- Enough prescription painkillers were prescribed in 2010 to medicate every American adult around-the-clock for a month.

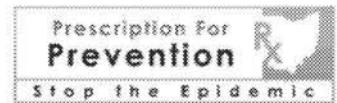


CONTRIBUTING FACTORS

- Key factors leading to this epidemic include 1) changes in clinical pain management guidelines in the late 1990's (i.e., Federation of State Medical Boards releases *Model Guidelines for the Use of Controlled Substances for the Treatment of Pain*; Ohio Revised Code 4731.21 Drug Treatment of Intractable Pain) and 2) aggressive marketing by pharmaceutical companies of new, extended-release prescription opioids to physicians (Source: *FDA Warning Letters*). These factors initially led to rapidly increasing use of prescription opioids within health care settings.
- From 1997 to 2007, there was a 506 percent increase in the amount of prescription opioid grams per 100,000 population distributed to retail pharmacies in Ohio (Source: DEA ARCOS).**
- In 2010, there was an average of 67 doses of opioids dispensed for every Ohio resident. In Scioto County, incidentally having the highest fatal overdose rate in the State, this ratio was nearly twice as high with 123 doses for every Scioto County resident (Source: *Ohio Board of Pharmacy, Ohio Automated Rx Reporting System*).**
- Additional societal and medical trends that lead to this problem include marketing of medications directly to consumers, over-prescribing, substance abuse, widespread diversion of medications, deception of providers including doctor shopping and prescription fraud, illegal online "pharmacies," unscrupulous providers (e.g., "pill mills"), overmedication and mixing medications, and improper storage and disposal of excess medications.

WHAT IS ODH DOING TO ADDRESS THE PROBLEM?

- Surveillance of drug overdose trends and patterns and providing data on the [Ohio Drug Poisoning website](#).**
- Coordination of the Prescription Drug Abuse Action Group (PDAAG) in conjunction with ODADAS. The PDAAG is an ongoing state-level work group comprised of over 100 member organizations dedicated to reducing prescription drug abuse, misuse and overdose in Ohio. The PDAAG serves as a conduit for information sharing, networking and the development of state-level recommendations to address the issue.**
- Conducting a social marketing campaign: *Prescription for Prevention: Stop the Epidemic (P4P)* (www.p4pohio.org).** P4P is a multi-level social marketing campaign to combat the epidemic of prescription drug overdose that includes coalition establishment and support in high risk counties, public education and outreach, TV and radio public service announcements, peer-to-peer programs in schools and education at work sites.
- Funding two pilot projects in Scioto and Montgomery Counties from 2010-2013 with funding from the CDC's Preventive Health and Health Services Block Grant.** These projects engage in activities such as coalition development, education of healthcare prescribers and service providers, formation of a poison death review committee, policy development and implementation of public education and awareness campaigns.
- Providing start-up support and resources for Scioto County's naloxone distribution program: DAWN (Deaths Avoided with Naloxone) <http://bit.ly/naloxone>; the first of its kind in the State.**
- Encouraging excess drug disposal solutions and methods such as take back events and permanent drug disposal drop boxes through the development of take-back guidelines and support for permanent drop boxes.**
- Collaboration with other state organizations to plan conferences, summits and educational opportunities.**
- Providing support for the Governor's Opiate Cabinet Action Team, Prescriber Education Workgroup including development of Emergency and Acute Care Opioid and Other Controlled Substances Prescribing Guidelines.**



For complete information on what ODH is doing to address the issue, please visit:
<http://www.healthyohioprogram.org/vipp/drug/dpoison.aspx>